

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/621337

FILING DATE

APPLICANT(S)

1711

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						*		
	1						51		51				51	
2							52		52				52	
3							53		53				53	
4							54		54				54	
5							55		55				55	
6							56		56				56	
7							57		57				57	
8							58		58				58	
9							59		59				59	
10							60		60				60	
11							61		61				61	
12							62		62				62	
13							63		63				63	
14							64		64				64	
15							65		65				65	
16							66		66				66	
17							67		67				67	
18							68		68				68	
19							69		69				69	
20							70		70				70	
21							71		71				71	
22							72		72				72	
23							73		73				73	
24							74		74				74	
25							75		75				75	
26							76		76				76	
27							77		77				77	
28							78		78				78	
29							79		79				79	
30							80		80				80	
31							81		81				81	
32							82		82				82	
33							83		83				83	
34							84		84				84	
35							85		85				85	
36							86		86				86	
37							87		87				87	
38							88		88				88	
39							89		89				89	
40							90		90				90	
41							91		91				91	
42							92		92				92	
43							93		93				93	
44							94		94				94	
45							
46							96		96				96	
47							97		97				97	
48							98		98				98	
49							99		99				99	
50							100		100				100	
TOTAL IND.	14						TOTAL IND.						TOTAL IND.	
TOTAL DEP.	14						TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS	15						TOTAL CLAIMS						TOTAL CLAIMS	